Interdisciplinary student placement in community rehabilitation (ISP)

...an activity of the Community Rehabilitation Workforce Project (CRWP)

Queensland Government
Queensland Health
Overview

• Background and rationale
• CRWP- aims; major project activities
• Interdisciplinary Student Placement in Community Rehabilitation (ISP)
  – Aims, objectives and scope
  – Model
  – Methods
  – Progress
  – Future directions
Background and rationale

- Ageing population
- Increasing incidence of acquired and age related disability
- Increasing need for community rehabilitation (CR) services delivered by multidisciplinary teams
  - To maximise independence and community participation
  - To achieve durable outcomes and improved quality of life for clients
  - To reduce admissions and re-admissions
  - To improve continuity of care
CRWP - Queensland Health (funded through Pathways Home)

Aims to optimise the capability of current and future workforce to meet community needs

- **Existing workforce**
  - CR scholarships and research grants
  - Training and Development Officers

- **Future workforce**
  - Undergraduate initiatives
    - CR curriculum development
    - Interdisciplinary Student Placement in CR (ISP)
  - Support personnel
    - Cert IV Allied Health Assistant.

  Community Practice/Community Rehabilitation
Interdisciplinary Student Placement in Community Rehabilitation (ISP)
Aim and Objectives

Aims
• To optimise the capability of the future workforce to develop, implement and evaluate community rehabilitation programs
• To raise the profile of CR in future workforce

Objectives
• develop cost-effective, sustainable student placement models which
  – Improve preparation of CR workforce
  – Facilitate interdisciplinary service delivery
  – Meet needs of all stakeholders
Scope and model

• Scope
  – Occupational Therapy, Physiotherapy, Speech Pathology and Nursing students
  – Participating Universities-UQ, GU, JCU, QUT

• ISP Model
  – Paired student. Split supervision
  – Service based activities- discipline specific
  – Interdisciplinary ‘deliverable tasks’ over 4 week block (within longer placements for OT and SP)
What are Interdisciplinary Competencies?

“Competencies are the skills, abilities, knowledge, behaviours and attitudes that are instrumental in the delivery of desired results and, consequently, of job performance.” (WHO, 2005)

Interdisciplinary competencies (for ISP pilot purposes) initially identified by workshop involving CR professionals (including NGO) Queensland Health and universities

CRWP since commissioned independent ‘Audit of the Education & Training Needs of Staff Working in Community Rehabilitation in Queensland‘
Interdisciplinary Competencies...

1. Frameworks of understanding
   - The biopsychosocial model of WHO’s International Classification of Functioning Disability and Health (ICF)

2. Networks and teams- collaborative practice
   - Knowledge of the service system/communication

3. Cultural awareness
   - Cultural protocols, health beliefs, customs

4. Holistic focus
   - Responsive and flexible service provision

5. Consumer engagement
   - Consumer-driven rehabilitation processes
...Interdisciplinary Competencies

6. Service continuity
   – Transition points, early intervention, self management

7. Reflective practice
   – Outcome measurement and service evaluation

8. Community engagement
   – Promoting community capacity/ informal supports

9. Boundaries and personal safety
   – Risk management in the community setting

10. Systems advocacy
    – Developing and advocating for opportunities, solutions and policies
Conceptual framework - why the ICF?

- Shared language and conceptual framework - essential to interprofessional collaboration
- Internationally recognised and universally applicable
- Biopsychosocial perspective - integrates ‘medical’ and ‘social’ models of disability functioning and health
- Multidimensional perspective of an individual’s health concerns

The ICF

Health Condition (disorder/disease)

Body Function and Structure (Impairment)

Activities (Limitation)

Participation (Restriction)

Environmental Factors

Personal Factors

Contextual Factors
ISP

What do the students actually do?
Service based student activities

• Discipline specific experience
• Home visits
• Case conferences
• Inservice (attending and presenting)
• Documentation / report writing
• Referrals to other agencies
• Applications for funding
• Other case management tasks
Interdisciplinary ‘deliverable tasks’

Students present at 4 group seminars on:

• Agency visits
• Host service reports- roles, managing risk
• Outcome measures, in use and potential- what they measure with reference to the ICF
• Cultural awareness in client home settings
• Educational resource critique/ development
• Detailed case studies
Case study: Part 1

- Holistic psychosocial assessment - most information obtained through client/family interview
- Identification of client and carer goals, short and long term
- Language must be accessible to all readers: other professionals (including non-medical) and the client/carer/family
- Evidence base – including documentation of information obtained from informal sources
Case study: Part 2

Analysis of factors impacting on goal attainment

• Injury/illness/ body structures and function impairment factors
• Activity limitation/ participation restriction factors
• personal factors
• environmental factors
  – Products and technology
  – Natural environment and human made changes
  – Support and relationships
  – Attitudes
  – Services Systems and Policies
Case study: Part 3

- Translating client and carer goals into a multidisciplinary CR program
- Generating a plan/targeting our intervention
  - strategies to enable facilitators and overcome barriers
  - who is responsible for what (including the client)
- Outcome measurement- how will it determined when goals are achieved- how will the outcome be measured?
Case example

- Young man with acquired brain injury (5 yrs post injury)
- Referred for ‘community access’
- Client not interested in community access
- Client’s expressed goal was to get a new fridge

Is this a rehabilitation goal?
- Client centred goal setting is considered best practice
  - Client engagement and motivation
- How does this client goal become a rehab plan?
The ICF

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(disorder/disease)

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Contextual Factors
Case example - summary of main factors impacting on outcome

• Barriers
  – Significant cognitive impairment unlikely to improve further
  – Public Trustee processes not within client capacity to navigate
  – No family support

• Facilitators
  – Occupational Therapist services available
  – Public trustee is administrator, and holds some accumulated funds
Rehabilitation Plan

• OT developed laminated checklist outlining procedure for negotiation with PTO and assisted client through this process
• Case manager
  – provided education to Trust Officer
    • about ABI and cognitive impairment
    • CR service and its role
    • Advised Trust Officer to refer this and other clients with ABI to CR service in similar situations
  – Advised that CR service contact details be recorded prominently in client’s PTO file (in case of staff changes)
• Outcome measure – MPAI4 + resources

Further outcomes
  Led to PTO requesting ABI training for Trust Officers statewide
  Led to excellent client engagement and further CR goals in subsequent years
Student seminars

Student presentations
...plus other topics presented by project officer
  • Engaging with clients, and professional boundaries
  • Funding
    • Home and Community Care packages
    • Disability Services Queensland Packages
    • CTP Insurance claims/ Worker’s compensation
  • Relevant legislation
    • Guardianship and Administration Act
    • Motor Accident Insurance Act
    • Disability Services Act
  • Case study role plays (project officer as client)
Assessment of student performance

• Assessment tools unique to each discipline
  – modifications or addenda
• Clinical Educator in host service supervises student performance in service based activities
• Project Officer supervises interdisciplinary competency development based on presentations at seminars
Benefits of ISP for host services/clinical educators

• Provides structured tasks for students, approved by the universities
  – Part time staff can supervise quality full time placements
  – Reduced responsibility to ‘keep students busy’- even in the event of sudden changes to plans for the day
• Supervision and student assessment support from project officer
• Recruitment of future staff- raises profile of CR as a possible career for current undergrads
• Students who have had community experience in multi-disciplinary teams will make better links with community regardless of where they end up working!!
ISP 2007—how we are travelling

- ISP rolled out statewide
- Project officers in additional locations around the state
  - 2006
    - Brisbane
    - Toowoomba (discontinued in 2007 due to local staffing problems - not enough clinical educators)
  - 2007
    - Brisbane
    - Gold Coast
    - Townsville
Future directions

• Evaluation of learning outcomes
  – ISP students vs control group
    • Interprofessional learning
    • Community rehabilitation

• Collaboration with universities to develop and pilot CR student workbooks as companions to CR placements
  – Areas without project officers
  – Alternate model to ISP (sustainability)
References


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